

# Delaware Works to Prevent, Recognize and Treat Substance Exposure in Infants

## Public Health asks OB/GYNs to screen pregnant women for substance use disorder

**DOVER** – Delaware and the nation are struggling with an addiction epidemic, a fact that is well known. Less well known is that the addiction epidemic is impacting pregnant women and their infants in increasing numbers. In 2016, there were 431 reports of substance exposed infants to the Department of Services for Children, Youth and Their Families, a sharp increase from the previous year.

The two most common substances found at birth in Delaware are marijuana and opioids, both of which are tied to either short and/or long term negative consequences for the infant. Alcohol exposure, which has the most well-documented long term negative impacts on an infant, is virtually impossible to detect immediately following birth but remains a serious problem throughout the country.

**Guidance for Medical Providers:**  
**How to Screen Pregnant Patients for Substance Use Disorder and Alcohol Use**

**RECOMMENDATION**  
All pregnant women should be educated on the dangers of substance use during pregnancy and screened for substance use disorder and alcohol use, particularly during the first and third trimesters.  
The American College of Obstetricians and Gynecologists (ACOG) recommends universal screening with brief interventions and referrals to treatment for alcohol, tobacco, opioid, and other drug use, and to treatment for substance use disorder, including pregnancy-related substance use.

**BACKGROUND**  
No amount of alcohol, marijuana, illegal drugs, or tobacco is safe for the mother or baby. Alcohol is still the number one cause of preventable birth defects, and even minimal alcohol exposure can harm a fetus. Data shows these are short- and long-term negative impacts of alcohol, tobacco, opioids, and other drug use on the mother and baby.  
For further information on the dangers of substance use during pregnancy, see Fact Sheet for Medical Providers: Substance Use During Pregnancy (<https://www.dshs.delaware.gov>).  
Legal prescription drugs, including opioids, should be closely monitored and used exactly as prescribed. For newborns who consumed opioids legally as part of a treatment plan, their infant will still likely need treatment for neonatal abstinence syndrome (NAS) following birth.  
Any pregnant woman who is on legal or illegal opioids should not stop her use immediately as this may be significant risk to the fetus. Conversion to Medication Assisted Treatment (MAT) is preferred for women seeking to discontinue use of legal or illegal opioids during pregnancy (see page 6).  
To learn more about MAT treatment facilities for pregnant women, visit the Substance Abuse and Mental Health Services Administration (SAMHSA) website at [www.samhsa.gov](https://www.samhsa.gov) or call 1-800-662-2642 in New Castle County and 1-800-845-4570 in Kent and Sussex counties.

**OPIOIDS AND PAIN MANAGEMENT**  
Legally prescribed opioids are a proven pipeline to opioid dependence. Nearly 90 percent of people who report they started with prescription opioids, find the benefits of long-term opioid therapy for chronic pain are not well supported by the evidence.  
Prescribers of opioids for pain management should consider recommending alternatives to opioid medications, including non-opioid medications, non-drug and physical therapy, behavioral therapy, and relaxation techniques. For patient and physician support, facts and links to new prescription regulations, visit [www.delaware.gov/health-care-providers](https://www.delaware.gov/health-care-providers).



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## Providers: Screening Pregnant Patients

Responding to input from OB/GYN providers, the Division of Public Health (DPH) today announced new guidance and educational materials on the dangers of substance abuse while pregnant, and how to screen pregnant women for potential addiction and connect them with treatment. The materials will be available starting today at [www.helpisherede.com/Health-Care-Providers#obgyn-resources](http://www.helpisherede.com/Health-Care-Providers#obgyn-resources).

“Pregnant women often do not realize the extent to which even minimal alcohol and drug use can harm their baby,” said Dr. Karyl Rattay, DPH director. “We also know that women struggling with addiction are less likely to access prenatal care and are significantly more likely to have an unplanned pregnancy. We want to work with the medical and treatment communities to increase awareness about the dangers of substance use while pregnant and connect those struggling with addiction to treatment.”

Delaware’s law, the Medical Practice Act, requires certified medical providers to give written, verbal and posted warnings to pregnant women regarding possible problems, complications, and injuries to them and/or to the fetus from consuming or using alcohol or cocaine, marijuana, heroin, and other narcotics during pregnancy (Delaware Code, Title 24, Chapter 17 (Medical Practice Act), Subchapter V, §1769A).

Under House Concurrent Resolution 44 – sponsored by Representative Ruth Briggs King and Senator Ernie Lopez – the General Assembly has designated September 17 – 23 as “Awareness Week for the Prevention, Recognition, and Treatment of Prenatal Substance Exposure in Infants and to Support Healthy Families in Delaware.”

“Little things have a big impact on unborn and newborn infants. We must protect the health and welfare of the most

innocent and vulnerable to enable them to have a healthy outcome,” said Rep. Briggs King. “Delaware is faced with many challenges in our war on heroin and opioid addictions. Families and their futures depend on us to be leaders; therefore, it is imperative that we develop and deploy a strategy. When we know better, we do better. The sooner we share, learn, and act, the faster we see positive results.”

Delaware first began to address this issue last year. In 2016, it was one of the states selected for Substance Exposed Infants In-Depth Technical Assistance (SEI IDTA), funded by the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, and the Administration on Children, Youth and Families, and provided by the National Center on Substance Abuse and Child Welfare. The Delaware Child Health Protection Accountability Commission, Department of Health and Social Services, Department of Services for Children, Youth and their Families, March of Dimes, Delaware Healthy Mother and Infant Consortium (DHMIC), Fetal Alcohol Task Force, Connections, medical providers, and many others have begun work to:

- Survey birth hospitals and obstetricians and gynecologists on their experiences and needs to help them address the addiction epidemic.
- Increase screening of reproductive age women who may be at risk for substance abuse addiction, and increase links to treatment and home visiting services.
- Educate physicians on the signs and symptoms of addiction in pregnant patients, and how to refer patients to treatment.
- Reduce stigma around maternal substance use, and highlight the role of addiction as a chronic disease and the importance of connecting families to support, not punitive measures.
- Develop a system where infants born substance exposed and their families receive the medical treatments and

supports they need as part of the federally-required "Plan of Safe Care" process. The revised federal rule requires states to address the health and substance use disorder treatment needs of the infant and family.

- Link to the Delaware Contraception Access Now (Delaware CAN) program to help women get access to effective contraception immediately postpartum.

"The Child Protection Accountability Commission Committee on Substance Exposed Infants Task Force sought the federally funded In-Depth Technical Assistance in response to the addiction epidemic and the impact it is having on our infants and families in Delaware," said Jennifer Donahue, Esq. and co-chair of the SEI IDTA with Public Health. "We are now in the process of building a system of care that is better equipped to help pregnant women struggling with addiction, and, following the birth, to ensure that mothers and infants have the services, treatment, and supports they need to thrive as a family unit."

Added Dr. David Paul, DHMIC Chairman and Christiana Care Health System Chair of Pediatrics, "We have seen a sharp increase in newborns struggling with neonatal abstinence syndrome and have worked hard to standardize our medical care, minimize length of hospital stay and assure safe transition from hospital to home in this population of infants. By engaging multiple stakeholders throughout the state, we are making great strides in improving outcomes and assuring that babies with neonatal abstinence syndrome start their life as safely and healthy as possible."

"Like many states across the nation, Delaware has experienced a sharp increase in the number of babies who have been born substance exposed," said Trenee Parker, deputy director of the Division of Family Services in Delaware's Department of Services for Children, Youth and Their Families. "We are more committed than ever to address the varied needs of this vulnerable population and to continue to work collaboratively

with our system partners, advocates, and families to ensure healthy outcomes for Delaware's children and their families."

To find the screening materials and more information about substance use disorders, addiction, and where to find treatment, visit the Help is Here website at [www.helpisherede.com](http://www.helpisherede.com), or call DHSS' 24/7 Crisis Services Hotline at 1-800-652-2929 in New Castle County, or 1-800-345-6785 in Kent and Sussex counties. If someone is too drowsy to answer questions, is having difficulty breathing, or appears to be so asleep they cannot be awakened, call 9-1-1 immediately.

Data indicates that the unplanned pregnancy rate of women struggling with addiction is very high – up to 90 percent in one study. Through the Delaware CAN initiative, any woman who wants access to effective contraception can get it for free. To find Delaware CAN participating providers, visit [www.upstream.org/delawarecan](http://www.upstream.org/delawarecan) or call DPH's Family Planning office at 302-744-4552.

*A person who is deaf, hard-of-hearing, deaf-blind or speech-disabled can call the DPH phone number above by using TTY services. Dial 7-1-1 or 800-232-5460 to type your conversation to a relay operator, who reads your conversation to a hearing person at DPH. The relay operator types the hearing person's spoken words back to the TTY user. To learn more about TTY availability in Delaware, visit <http://delawarerelay.com>.*

*Delaware Health and Social Services is committed to improving the quality of the lives of Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DPH, a division of DHSS, urges Delawareans to make healthier choices with the 5-2-1 Almost None campaign: eat 5 or more fruits and vegetables each day, have no more than 2 hours of recreational screen time each day (includes TV, computer, gaming), get 1 or more hours of physical activity each day, and drink almost no sugary*

*beverages.*